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CONFIRMATION NO. 1966

Bib Data Sheet

SERIAL NUMBER 10/729,507	FILING DATE 12/05/2003 RULE	CLASS 128	GROUP ART UNIT 3743	ATTORNEY DOCKET NO. 01190.173901US
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APPLICANTS

Norman R. McCombs, Tonawanda, NY;
 Michael R. Valvo, East Aurora, NY;

** CONTINUING DATA *Yes up* *****
 This appln claims benefit of 60/432,913 12/12/2002

** FOREIGN APPLICATIONS *NONE up* *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 03/15/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 6	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>[Signature]</i>	INITIALS <i>[Initials]</i>		

Verified and Acknowledged

ADDRESS

Ronald S. Kareken, Esq.
 Jaeckle Fleischmann & Mugel, LLP
 Suite 200
 39 State Street
 Rochester, NY
 14614-1310

TITLE

Portable hypoxic apparatus

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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